The terms “health inequities,” “health disparities,” and “health inequalities” are all used to reflect stark differences in health and health outcomes among and between populations. A consistent message embedded in each of these terms’ definitions is that without addressing the underlying causes of disease and ill health, the risk of perpetuating a cycle of inequity, disparity, and inequality will remain for generations to come.

The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” These forces and systems include economic policies, development agendas, cultural and social norms, social policies, and political systems. Educating health professionals about the social determinants of health generates awareness among those professionals about the potential root causes of ill health and the importance of addressing them in and with communities, contributing to more effective strategies for improving health and health care for underserved individuals, communities, and populations.

The Institute of Medicine of the National Academies of Sciences, Engineering, and Medicine recently convened a committee of experts to develop a high-level framework for such health professional education. The resulting report, *A Framework for Educating Health Professionals to Address the Social Determinants of Health*, also puts forth a conceptual model for the framework’s use with the goal of helping stakeholder groups envision ways in which organizations, education, and communities can come together to address health inequalities.

**THE FRAMEWORK**

The committee’s review of the salient literature supports the need for a holistic, consistent, and coherent framework that can align the education, health, and other sectors, in partnership with communities, to educate health professionals in the social determinants of health. The outcome of their deliberations is the framework for lifelong learning for health professionals in understanding and addressing the social determinants of health (see Figure 1).
Transformative learning, together with partnerships and lifelong learning, are fundamental principles from which the committee builds their framework. For impact of this framework to be fully realized, health professionals must have access to education that builds critical thinking through interprofessional, cross-sectoral, experiential learning opportunities from foundational through continuing professional development. Such education is built around the three primary domains—education, community, and organization—which contain a total of 9 domain components.

The committee recommends that health professional educators should use the framework as a guide for creating lifelong learners who appreciate the value of relationships and collaborations for understanding and addressing community-identified needs and for strengthening community assets. Its implementation will enable health professional students, trainees, educators, practitioners, researchers, and policy makers to understand the social determinants of health and to form appropriate partnerships for taking action, through engaging in experiential learning; promoting collaborative, interprofessional, and cross-sectoral engagements for addressing the social determinants of health; and for partnering with individuals, communities, and populations to address health inequities.

Furthermore, the committee recommends that to prepare health professionals to take action on the social determinants in health in, with, and across communities,
health professional and educational associations and organizations at the global, regional, and national levels should apply the concepts embodied in the framework in partnering with communities to increase the inclusivity and the diversity of the health professional student body and faculty.

The committee also states that governments and individual ministries, health professional and educational associations and organizations, and other community groups should review and align their educational and professional vision, mission, and standards to include the social determinants of health. Doing so would foster an enabling environment that supports and values the integration of the framework's principles into the culture and work of these organizations.

FITTING THE FRAMEWORK INTO A CONCEPTUAL MODEL

Applying concepts and ideas from multiple sources, the committee puts forth a conceptual model (see Figure 2) for visualizing how the framework fits within a broader societal context. The model depicts how social, political, and economic factors (i.e., the structures in which populations live) influence intermediary determinants (i.e., material and psychosocial circumstances; behavioral and/or biological factors; and the health system itself) that ultimately determine health equity and the well-being of populations. Communities and the future health workforce are influenced by the structural and intermediary determinants that form the environment for educating health professionals in the social determinants of health.

Transformative learning, together with partnerships and lifelong learning, are fundamental principles from which the committee builds their framework.

FIGURE 2
Conceptual model for strengthening health professional education in the social determinants of health.

NOTE: SDH = social determinants of health.
*WHO.
The committee recommends that governments, health professional and educational associations and organizations, and community organizations should use the committee’s framework and model to guide and support evaluation research aimed at identifying and illustrating effective approaches for learning about the social determinants of health in and with communities while improving health outcomes, thereby building the evidence base.

BUILDING THE EVIDENCE BASE
Based on a thorough review of the literature, it is clear that the evidence on how transformative learning of health professionals, students, and trainees for addressing the social determinants of health is not well known. Although the committee believes positive impacts would emerge with appropriate study, there remains a relative lack of outcomes research that goes beyond learning. Such analyses would include input from community partners in demonstrating objective and subjective impacts. These efforts would inform best practices for transformative learning for addressing the social determinants of health at all levels of education.

CONCLUSION
To impact health equity, health professionals require the movement of knowledge into action, and this requires more than just accruing knowledge. Health professionals must develop appropriate skills and attitudes to be advocates for change. Governments, ministries, communities, foundations, and health professional and educational associations all have a role to play in how health professionals learn to address the social determinants of health. The committee’s framework and the associated conceptual model can help guide these groups to visualize how organizations, education, and communities come together collectively to eliminate health inequities and improve health for all.